U.S. Government Positions on Decision Points from the Forty-sixth Board Meeting of the Global Fund



The Administration provides this report pursuant to Section 202(d)(6) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, as amended, which requires that "Following each meeting of the Board of the Global Fund, the Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall report on the public website of the Coordinator a summary of Board decisions and how the United States Government voted and its positions on such decisions."

Overview

The Global Fund to Fight AIDS, Tuberculosis (TB), and Malaria (Global Fund) – a unique financing mechanism that relies on partnerships among governments, the private sector, and civil society – continues to receive strong support from key donors including the United States, the United Kingdom, France, Germany, Japan, and the Bill and Melinda Gates Foundation.

The U.S. government remains the largest bilateral donor to the Global Fund. In 2020, Global Fund investments provided HIV/AIDS treatment for over 21 million people, TB testing and treatment for 4.7 million people and distributed 188 million insecticide-treated bed nets for malaria prevention.

The Global Fund held its 46th Board meeting virtually November 8-10, 2021. The Board approved seven decision points, including the Strategy Narrative for the 2023-2028 Global Fund strategy.

The U.S. government holds a permanent seat on the Global Fund Board and currently maintains membership on the Board's standing Strategy Committee. Committee members began their two-year terms on May 15, 2020.

The COVID-19 pandemic has presented unprecedented challenges to Global Fund investments. Congress appropriated \$3,500,000,000 for a United States contribution to the Global Fund in the American Rescue Plan Act of 2021 (ARPA). Subject to the completion of Congressional notification procedures, and any applicable legislatively mandated withholdings, the contribution will be provided to the Global Fund for its COVID-19 Response Mechanism (C19RM). In April 2020, the Board approved the creation of C19RM to finance interventions to mitigate the effects of COVID-19 in countries receiving Global Fund investments. The Board approved an extension of C19RM in April 2021, which extended the timeline for countries to request funds to March 31, 2022 and deploy funds through December 31, 2023. The first phase of C19RM prioritized speed and agility to quickly reprogram grant savings and unused funds to mitigate the effects of COVID-19. The second phase maintains the speed and flexibility of the mechanism but strengthens and expands partner and community engagement. While more oversight, accountability, and transparency measures around eligibility, allocation, monitoring, and reporting are now part of the second phase of C19RM, the United States is seeking additional measures to better coordinate with USG bilateral programs for maximum impact.

The U.S. government interagency delegation to the 46th Global Fund Board Meeting was led by Board Member Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator in the State Department's Office of the Global AIDS

Coordinator and Health Diplomacy, and Alternate Board Member Loyce Pace, Director of the Office of Global Affairs at the U.S. Department of Health and Human Services. High-level representation from USAID included Jennifer Adams, Senior Deputy Assistant Administrator, Bureau for Global Health, Dr. Raj Panjabi, U.S. Global Malaria Coordinator, and from HHS by Colin Mciff, Deputy Director, Office of Global Affairs.

All decisions taken at the meeting are available online at: https://www.theglobalfund.org/en/board/meetings/46/

All U.S. government positions are outlined below.

<u>U.S. Government Positions on Board Decision Points – Note: all of the Decision Points below were approved by the Board during the 46th Board Meeting</u>

Approval of the Rapporteur

The U.S. government supported the decision to designate Gabriella Fesus from the European Commission, Belgium, Italy, Portugal, Spain as the rapporteur for the 46th Global Fund Board meeting.

Approval of the Agenda

The U.S. government supported the approval of the agenda.

Approval of the Strategy Narrative for the 2023-2028 Global Fund Strategy

The U.S. government supported the decision to approve the Strategy Narrative for the 2023-2028 Global Fund Strategy. The U.S. government appreciated the revised Narrative's stronger articulation of the synergies between programming for HIV, TB, and Malaria, and COVID-19 with a particular focus on how the Global Fund will use its robust investments in each area to the greater benefit of all.

Approval of the Global Disease Split for the 2023-2025 Allocation Methodology

The U.S. government supported the decision to revise the Global Disease Split (GDS) for the 2023-2025 allocation period as follows:

- a. Any available funds for country allocation up to and including US\$ 12 billion will be apportioned as follows: 50 percent for HIV/AIDS, 18 percent for tuberculosis, and 32 percent for malaria (the current GDS); and
- b. Any additional available funds for country allocation above US\$ 12 billion will be apportioned as follows: 45 percent of such funds will be apportioned to HIV/AIDS; 25 percent of such funds will be apportioned to tuberculosis; and 30 percent of such funds will be apportioned to malaria.

This revised GDS increases funding for tuberculosis while preserving funding and potential for scale-up for HIV and malaria.

Approval of the Amended Risk Appetite Statements

The U.S. government supported an increase in risk appetite for four out of eleven grant-facing risks: Program Quality TB, procurement, and the two financial and fiduciary risks. Due to the effects of COVID-19, these risks have been further elevated and an increase in the risk appetite will ensure program continuity.

Approval of the Independent Evaluation Function

The U.S. government supported approval of the new independent evaluation model, which effectively dissolves the Global Fund's Technical Evaluation Reference Group (TERG). The new model was designed to address "pain points" identified from the review of the current model and is expected to strengthen accountability and evidence-based decision making.

Approval of the 2022 Work Plan and Budget Narrative and the 2022 Operating Expenses Budget

The U.S. government supported the approval of the 2022 Work Plan and Budget Narrative and the 2022 Operating Expenses Budget in the amount of \$ 322.2 million.